

UNITEDSTATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL AUDITED FORM X-17A

OMB APPROVAL

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FACING PAGE

PART III

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

REPORT FOR THE PERIOD BEGINNING	02/24/10	AND ENDING	12/31/10	
	MM/DD/YY		MM/DD/YY	
A. REGI	STRANT IDENTIFI	CATION		
NAME OF BROKER-DEALER: Wilshire	OFFICIAL USE ONLY			
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)			FIRM I.D. NO.	
12424 Wilshire Boul	evard, Suite 1450			
	(No. and Street)			
Los Angeles	CA	9	0025	
(City)	(State)		(Zip Code)	
NAME AND TELEPHONE NUMBER OF PER Kenneth Daub	SON TO CONTACT IN	REGARD TO THIS RE	PORT 310-207-5110	
		······································	(Area Code – Telephone Number)	
B. ACCC	UNTANT IDENTIF	ICATION		
INDEPENDENT PUBLIC ACCOUNTANT wh	ose opinion is contained	in this Report*		
(1	Name – if individual, state last,	first, middle name)		
10960 Wilshire Boulevard, Suite	700, Los Angeles	CA	90024	
(Address)	(City)	(State)	(Zip Code)	
CHECK ONE:				
Certified Public Accountant				
☐ Public Accountant				
☐ Accountant not resident in Unite	d States or any of its noss	essions		
		 	····	
	OR OFFICIAL USE O	NLY		
				

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)



OATH OR AFFIRMATION

Ι,	Kenneth Daub			swear (or affirm) that, to the bes	t of
my kn	nowledge and belief the accompanying finar Wilshire Park Advisors, LLC	icial statement a	nd supporting sche	dules pertaining to the firm of	, as
of	December 31	, 2010	, are true and co	orrect. I further swear (or affirm)	that
neithe	er the company nor any partner, proprietor,	principal officer	or director has an	y proprietary interest in any accou	nt
classi	fied solely as that of a customer, except as f	ollows:			
	Not Applicable				
		·			
			15/2	gnature	
		_	PALSI	PENT	
	Lucy & James			Thie	
	Notary Public			LUCY K. JARRAD Commission # 1832951	
Thi	s report ** contains (check all applicable box	es):		Notary Public - California	
Ø,	(a) Facing Page.	.,		Los Angeles County y Comm. Expires Jan 24, 2013	
	(b) Statement of Financial Condition.		7		
	(c) Statement of Income (Loss). (d) Statement of Changes in Financial Cond	lition			
	(e) Statement of Changes in Stockholders' l		s' or Sole Proprieto	rs' Capital.	
$\overline{\Box}$	(f) Statement of Changes in Liabilities Sub-				
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	(g) Computation of Net Capital.				
	(h) Computation for Determination of Reservation				
	(i) Information Relating to the Possession (
	(j) A Reconciliation, including appropriate of Computation for Determination of the R				
	(k) A Reconciliation between the audited ar				of
	consolidation.	id unaddited Stat			
	(l) An Oath or Affirmation.				
₫	(m) A copy of the SIPC Supplemental Report				
	(n) A report describing any material inadequ	acies found to exi	st or found to have e	xisted since the date of the previous a	udit.

^{**}For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California County of	Here Insert Name and Title of the Officer Name(s) of Signer(s)			
LUCY K. JARRAD Commission # 1832951 Notary Public - California Los Angeles County My Comm. Expires Jan 24, 2013	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.			
Place Notary Seal Above	Signature Signature of Notary Bublic			
Though the information below is not required by law, it	may prove valuable to persons relying on the document eattachment of this form to another document.			
Description of Attached Document	accoment of this form to another document.			
Document Date: No Date Period ending 12/31/2 Number of Pages:				
Signer(s) Other Than Named Above:	y Jarramoor or rages.			
Signer(s) Other High Named Above.				
Capacity(ies) Claimed by Signer(s)				
Signer's Name: Kennerh Daub Individual Orporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee Guardian or Conservator Other:	☐ Attorney in Fact ☐ OF SIGNER			
Signer Is Representing:	Signer Is Representing:			